

Tennessee Agricultural Enhancement Program



TAEP provides cost share assistance for long term investments in Tennessee's livestock and farming operations. TAEP is a direct result of Tennessee's commitment to supporting its agricultural industry and rural economies.

2016 Veterinarian Equipment Cost Share Application

Application Period
July 1 – August 1, 2016

Cost Share Information

50% up to \$5000 Maximum	Applicants will receive notification of approval or denial in writing.
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Application and Reimbursement Schedule

Program	Application Period	Anticipated Approval Announcement	Reimbursement Deadlines
Veterinarian Equipment	July 1 - August 1, 2016	Starting October 1, 2016	May 1, 2017

Basic Eligibility Requirements

- Applicant must be an individual Tennessee resident.
- Applicant must have a current Tennessee Veterinarian license.
- Applicant must have an active practice located in Tennessee dealing with cattle, goats and/or sheep.
- Equipment purchased must be located in Tennessee.
- Applicant must have the ability and financial capacity to complete the project.

Program Requirements

Application

1. Applications must be postmarked July 1 - August 1, 2016 or hand delivered during the same period.
2. Faxed or emailed applications will not be accepted.
3. Applications received prior to July 1, 2016 will be returned.
4. Applicant will be notified in writing of approval or denial. Allow 8 weeks for application processing.

Reimbursement

1. Receipts/payments dated prior to July 1, 2016 are not eligible.
2. Receipts for in-kind services are not eligible (trade-in value is not eligible).
3. Only items listed as eligible will be considered for cost share assistance
4. Used equipment or used materials are not eligible for cost share reimbursement.
5. Labor provided by applicant or their employees is not eligible for cost share reimbursement.
6. Applicant cannot be reimbursed for purchases from a business where applicant participates in ownership (producer cooperatives excluded).
7. Applicants cannot combine projects with other applicants.
8. Reimbursement documentation must be postmarked or hand delivered by the reimbursement deadline, May 1, 2017. Allow 10 weeks for processing. Additional processing time is required for incomplete reimbursement requests and requests submitted within one month of the program deadline.
9. Failure to complete projects and utilize allocated funds can affect eligibility for future program participation.
10. Falsifying applications, invoices or other documents submitted to TDA may make applicant ineligible to participate in present and/or future TDA programs, and may result in civil litigation or criminal prosecution.

Verification

1. Applicant must utilize equipment and structures purchased with cost share funds for the intended purpose of the program for a minimum of three continuous years from date of purchase.
2. Site visits relating to the performance of the activity before, during and after completion may take place.
3. Applicants may be required to repay funds if they fail to comply with all aspects of the cost share guidelines

Tennessee Department of Agriculture May:

- Accept, modify, or reject any or all requests.
- Modify program criteria, approval and payment processes.
- Provide partial funding for specific activity components that may be less than the full amount requested.
- Require additional information from the applicant.
- Deny payments for projects that do not meet requirements.

TAEP Contact Information

Rebecca Blount • (615) 837-5324 • Rebecca.m.blount@tn.gov
State Veterinarian Office (615) 837-5120 • animal.health@tn.gov
TAEP – Veterinarian Cost Share • Ellington Agricultural Center • P.O. Box 40627 • Nashville, TN 37204



2016 Tennessee Agricultural Enhancement Program
Veterinarian Handling Equipment
 (Cattle, Goats, Sheep)
 Application period July 1 - August 1, 2016
INCOMPLETE APPLICATIONS WILL BE RETURNED

Mail completed form to:
 TN Department of Agriculture
 Attn: TAEP – Veterinarian Cost Share
 P.O. Box 40627
 Nashville, TN 37204

No Faxes Accepted

Date Received:

Applicant Information
Please Type or Print Clearly

Name of Veterinary Clinic:			Date:	
Last Name:	First:	Middle:	Clinic Tax ID Number:	
Secondary Contact at Clinic:				
Residential Physical Address:		City:	State:	Zip Code:
Clinic Mailing Address:		City:	State:	Zip Code:
Clinic Physical Address:		City:	State:	Zip Code:
TN License #:	Email:			
Clinic Phone #:	Secondary Phone #:	County:		

Practice Information

What percentage of your practice is large animal? %

What percentage of your large animal practice pertains to cattle, goats and/or sheep? %

Equipment Information

Complete the table on page 4. You may check multiple blocks. Only items listed are eligible.

Cost Share Request (50% - \$5000 Max.) \$

Mobile Clinic Equipment for Cattle, Goats & Sheep <i>Check the equipment applying for</i>			
<input type="checkbox"/>	Mobile veterinary unit inserts	<input type="checkbox"/>	Mobile veterinary full body units
Handling Equipment for Cattle, Goats & Sheep <i>Check the equipment applying for</i>			
<input type="checkbox"/>	Commercial head gate	<input type="checkbox"/>	BSE Equipment <i>limited to the following items:</i>
<input type="checkbox"/>	Squeeze chute*	<input type="checkbox"/>	Electroejaculator and leads
<input type="checkbox"/>	Palpation cage	<input type="checkbox"/>	Semen collection device and holder
<input type="checkbox"/>	Curved or offset working chute	<input type="checkbox"/>	Insulated jacket cover for semen sample
<input type="checkbox"/>	Holding chute/alleyway	<input type="checkbox"/>	Microscope
<input type="checkbox"/>	Loading chute and/or system	<input type="checkbox"/>	Warming stage for cold weather
<input type="checkbox"/>	Crowding tub and/or system	<input type="checkbox"/>	Semen stains and fixatives.
<input type="checkbox"/>	Holding pen and/or hospital pen	<input type="checkbox"/>	Ultrasound and accessories <i>Must have at least 50% of livestock practice income from cattle, goats, and/or sheep.</i>
<input type="checkbox"/>	Animal scales*	<input type="checkbox"/>	Equipment for small ruminant artificial insemination. <i>Examples: laparoscope, endoscope, cradle, semen tank.</i>
<input type="checkbox"/>	Hoof trimming table or chute	<input type="checkbox"/>	
<input type="checkbox"/>	Semen tank	<input type="checkbox"/>	
<input type="checkbox"/>	Radio frequency readers <i>must be capable of reading animal identification approved by U.S. Department of Agriculture</i>	<input type="checkbox"/>	
<input type="checkbox"/>	Computer & software for reading scanners <i>must provide recording and transmittal of animal identification</i>	<input type="checkbox"/>	

<input type="checkbox"/> I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. <input type="checkbox"/> I understand that providing any false, fraudulent, or misleading information may result in penalties and/or loss of eligibility to participate in present and/or future Tennessee Department of Agriculture programs. <input type="checkbox"/> I also understand that failure to utilize allocated funds can affect eligibility for future programs. <input type="checkbox"/> I have reviewed and understand all of the guidelines in this application.		
Veterinarian Signature	Date	
Applicant will be notified of approval in writing upon review of application. Questions concerning this program may be directed to the State Veterinarian Office (615) 837-5120 or Rebecca Blount (615) 837-5324. Tennessee Department of Agriculture, TAEP – Veterinarian Equipment, P.O. Box 40627, Nashville TN 37204; Fax 615-837-5194		
Office Use Only		
Approval Signature:	Date of Approval:	Application #:
Allotment Code:	Cost Center:	Total Amount Approved:
Comments:		